## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| Application or | Docket | Number |
|----------------|--------|--------|
|                |        |        |

10655858

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                                                                                                                                                                                                                                                                                     |                                           |            |                                    |                     |                  | SMALL ENTITY TYPE |           |                        |         | ER THAN<br>LL ENTITY |                        |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------|------------------------------------|---------------------|------------------|-------------------|-----------|------------------------|---------|----------------------|------------------------|
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                                                                                                     | +3                                        |            |                                    |                     |                  | RATE              | FEE       | OR<br><b>1</b>         | RATE    | FEE                  |                        |
| FC                                                                                    | )R                                                                                                                                                                                                                                                                                                                  | NUMBER FILED NUMBER EXTRA                 |            |                                    | BASIC FEI           | 375.00           | OR                | BASIC FEE |                        |         |                      |                        |
| TOTAL CHARGEABLE CLAIMS 53 minus 2                                                    |                                                                                                                                                                                                                                                                                                                     |                                           | nus 20=    | 20= * 33                           |                     |                  | X\$ 9=            | 1921      | OR                     | X\$18=  |                      |                        |
| INDEPENDENT CLAIMS g minus 3 :                                                        |                                                                                                                                                                                                                                                                                                                     |                                           | inus 3 =   | = 6                                |                     |                  | X42=              | 2/2       | OF                     | X84=    |                      |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |            |                                    |                     |                  |                   | +140=     |                        | OR      | +280=                |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                                                                                                                                                                                                                                                                                                                     |                                           |            |                                    |                     |                  | ſ                 | TOTAL     | 924                    | OR      | TOTAL                | 92×-                   |
| response 4-15-05<br>CLAIMS AS AMENDED - PART II                                       |                                                                                                                                                                                                                                                                                                                     |                                           |            |                                    |                     |                  |                   |           | 1121                   | , -     | OTHER                | 7.5-7                  |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |            |                                    | SMALL               | ENTITY           | OR                | SMALL     |                        |         |                      |                        |
| <b>AMENDMENT A</b>                                                                    |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGH<br>NUMI<br>PREVIO<br>PAID I   | BER                 | PRESENT<br>EXTRA |                   | RATE      | ADDI-<br>TIONAL<br>FEE |         | RATE                 | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | · 53                                      | Minus      | ** 5                               | 3                   | = /              |                   | X\$ 9=    | /.                     | OR      | X\$18=               | /                      |
|                                                                                       | Independent<br>FIRST PRESE                                                                                                                                                                                                                                                                                          | * 9<br>NTATION OF MI                      | Minus      | ***                                | CLAIM               | = / .            |                   | X42=      | 7                      | OR      | X84=                 |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                                                                                                                                                                                                                                                                                     |                                           |            |                                    |                     |                  |                   |           |                        |         |                      |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |            |                                    |                     | L                | TOTAL             |           | OR                     | TOTAL   |                      |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |            | (Colum                             | nn 2)               | (Column 3)       | A                 | DDIT. FEE |                        | ,       | ADDIT. FEÉ           |                        |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHE<br>NUME<br>PREVIO<br>PAID F  | EST<br>BER<br>JUSLY | PRESENT<br>EXTRA |                   | RATE      | ADDI-<br>TIONAL<br>FEE |         | RATE                 | ADDI-<br>TIONAL<br>FEE |
| NDS                                                                                   | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus      | **                                 |                     | =                | lſ                | X\$ 9=    |                        | OR      | X\$18=               |                        |
| AME                                                                                   | Independent                                                                                                                                                                                                                                                                                                         | *<br>NTATION OF MU                        | Minus      | ***                                | CL AIRA             | =                | ╽┟                | X42=      |                        | OR      | X84=                 |                        |
|                                                                                       | TINOTTILOC                                                                                                                                                                                                                                                                                                          | TATION OF MO                              | CIIPLE DEP | ENDENT                             | CLAIM               |                  | ¹                 | +140=     |                        | OR      | +280=                |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |            |                                    |                     |                  | L<br>^'           | TOTAL     |                        | OB<br>L | TOTAL                |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |            | (Colum                             | ın 21               | (Column 3)       | AL                | ODIT. FEE |                        | , ,     | VODIT. FEE           |                        |
| ENT C                                                                                 |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY    | PRESENT<br>EXTRA |                   | RATE      | ADDI-<br>TIONAL<br>FEE |         | RATE                 | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus      | **                                 |                     | =                |                   | X\$ 9=    |                        | OR      | X\$18=               |                        |
| ٤.                                                                                    | Independent                                                                                                                                                                                                                                                                                                         |                                           | Minus      | ***                                |                     | =                |                   | X42=      |                        | Ì       | X84=                 |                        |
|                                                                                       | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF MU                             | LTIPLE DEP | ENDENT                             | CLAIM               |                  | ┞                 |           |                        | OR      |                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                     |                                           |            |                                    |                     |                  |                   |           |                        |         |                      |                        |
| ***                                                                                   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |            |                                    |                     |                  |                   |           |                        |         |                      |                        |